FEDERAL SURPLUS PROPERTY CENTER

2830 SW Kanza Drive

TOPEKA, KS 66606

PHONE (785) 296-2351

All applications must be submitted with original ink signatures

APPLICATION FOR ELIGIBILITY -- NONPROFIT

To Receive Federal Surplus Property (41 CFR 101-44.2070)

Mailing Address (P.O. Box#, Street, City & State)		Zip Code	
Street Address / Location (1)	f Different From Mailing Address)		
E-Mail Address			
	()	()	
County	Telephone #	Fax #	
APPLICANT STATU		Organization	
	C OF ORGANIZATION:		
College Or University	School For Handicapped	Training Center	Medical Instit
Secondary School	Child Care Center	Radio/TV Station	Hospital
Elementary School	School For Developmentally I	Disabled	Health Center
Preschool	Museum	Library	Clinic
Sheltered Workshop Tr	raining Program	Program For Older	r Individuals
Provider Of Assistance	To Homeless Individuals	Other	
			(Specify)
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Provide the RNO (Rassources OF FUND Tax Supported HAS THE ORGANI	ace and National Origin) prof DING (<u>Attach Supporting Doc</u> Grant Contributions ZATION BEEN DETERMIN HE INTERNAL REVENUE	ile of your service area cumentation): (Requi Other	n [New Requiren red) MPT UNDER

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Must be submitted with original ink signatures

AUTHORIZED REPRESENTATIVES

Name Of Organization		
Mailing Address (P.O. Box	x #, Street, City & State)	Zip Code
Street Address / Location (1	If Different From Mailing Address)	
E-Mail Address		
	()	()
County		Fax #
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NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization		
Mailing Address (P.O. Box #, Street, City & St	ate)	
Street Address / Location (if different from ma	iling address)	Zip Code
County	Telephone #	(
(Name of Organization)		, the dones
aggrees that the program for or in connection conducted in compliance with, and the done legal entity) who through contractual or othe services or benefits under said program to cothe regulations of the General Services Admi provisions of Title VI of the Civil Rights Act Federal Property and Administrative Servicion Act of 1973, as amended, Title IX of the IS 303 of the Age Discrimination Act of 1975, and that no person in the United States shall on that no otherwise qualified handicapped persfrom participation in, be denied benefits of, cactivity for which the donee received Federal hereby gives assurance that it will immediate agreement. The donee further agrees (1) that this agreen said Federal Statutes and regulations (2) that which it retains ownership or possession of tright to seek judicial enforcement of this agreen say successor in interest of the donee and the sor in interest.	e will comply with and will requer arrangements with the donee omply with all requirements impinistration (41 C.F.R. 101-6.2 and of 1964, as amended, section 60 Education Amendments of 1972, and the Civil Rights Restoration and the Civil Rights Restoration of the ground of race, color, national son shall solely by reason of the for be subjected to discriminational assistance from the General Seely take any measures necessary ment shall be subject in all respect this agreement obligates the dothe property, (3) that the United teement, and (4) that this agreement	sire any other person (any) is authorized to provide bosed by or pursuant to dd 101-8) issued under the loc of Title VI of the tion 504 of the Rehabilitation, as amended, section Act of 1987, to the end all origin, sex, or age, or handicap, be excluded an under any program or ervices Administration; and to effectuate this cts to the provision of onee for the period during States shall have the nent shall be binding upon
(Date)	Signature of Authorized Official)

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Federal Executive Order 12549 requires the Kansas Federal Surplus Property to screen each Applicant Organization to determine whether the applicant has a right to obtain financial assistance/property in accordance with federal regulations on debarment, suspension, ineligibility and voluntary exclusion. Each applicant organization/covered contractor must also screen each of its covered subcontractors. In this certification "contractor" refers to both contractor and subcontractor: "contact" refers to both contract and subcontract.

By signing and submitting this certification the Applicant Organization accepts the following terms:

- 1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the Organization rendered an erroneous certification, in addition to other remedies available to the federal government, Kansas Federal Surplus Property, the United States General Services Administration or other federal department or agency may pursue available remedies, including suspension and/or debarment.
- 2. The Organization shall provide immediate written notice to the Agency to which this certification is submitted if at any time the Organization learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 3. The words "covered contract," "debarred," "suspended," "ineligible," "participant," "person," "principal," and "voluntarily excluded," as used in this certification have meanings based upon material in the Definitions and Coverage sections of federal rules implementing Executive Order 12549.
- 4. The Organization agrees by submitting this certification that, should eligibility to acquire property be granted, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Kansas Federal Surplus Property, the United States General Services Administration or other federal department or agency.
- 5. The Organization further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts is solicitation for all covered subcontracts.
- 6. The Organization may rely upon a certification of a potential subcontractor that is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. An Organization must, at a minimum obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
- 7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 8. Except for contracts authorized under paragraph 4 of these terms, if an Organization in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the United States General Services Administration, or other federal department or agency, as applicable, and/or Kansas Federal Surplus Property may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

The Applicant Organization certifies, by submission of this certification, that neither it nor its principals is presently debarrs suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this contract by any federal contract of the contr	
department or agency or by the State of Kansas.	
The applicant Organization is unable to certify to one or more of the terms in this certification, and the Applicant Organization m	us
$attach \ an \ explanation \ for \ each \ of \ the \ above \ terms \ to \ which \ he \ is \ unable \ to \ make \ certification. \ Attach \ the \ explanation(s) \ to \ this \ certification \ description \ descrip$	n.

Sign/Title of Authorized Official

Date

Name of Applicant Organization

Indicate in the appropriate space which applies to the covered potential contractor.